WEST Search History

DATE: Wednesday, October 01, 2003

Set Name side by side	Query	Hit Count	Set Name result set
	DB=USPT,PGPB,JPAB,EPAB,DWPI,TDBD; PLUR=YES; OP=ADJ		
L8	((angiotensin) same (transdermal or transdermally))	87	L8
L7	((angiotensin antagonist) same (transdermal or transdermally))	0	L7
L6	((angiotensin adj antagonist) same (transdermal or transdermally))	0	L6
L5	((angiotensin II antagonist) same (transdermal or transdermally or topical or topically))	42	L5
L4	strungmann.inv.	4	L4
L3	(candesartan and transdermal)	114	L3
L2	(candesartan and (transdermal or topically or topical))	155	L2
L1	(candesartan same (transdermal or topically or topical))	2	L1

END OF SEARCH HISTORY

1: Blood Press Suppl 1994;5:38-42 Related Articles, Links

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Topical application of AT1 receptor antagonists prevents medial and neointimal proliferation after balloon injury.

Taguchi J, Abe J, Ohno M, Schwartz SM, Kurokawa K.

First Department of Internal Medicine, Faculty of Medicine, University of Tokyo, Japan.

Angiotensin II plays an important role in neointima formation after vascular injury. A rat model of carotid artery injury was used i) to investigate the effect of single topical application of angiotensin II subtype 1 (AT1) receptor antagonists (CV11974, DuP753) in suppressing medial proliferation at day 2 and neointimal proliferation at day 14, and ii) to investigate the antiproliferative effects of additional application of L-arginine (a nitric oxide precursor). Drugs mixed in 25% (W/W) solutions of F127 pluronic gel were applied topically to injured vessels. Early medial proliferation of smooth muscle cells, assessed by the S-bromo-2'-deoxyuridine labelling index, was significantly suppressed by application of CV11974 (5 mg/kg), 7.5% +/- 2.2% vs. 19% +/- 3.9% in the control group. The intima/media ratio following CV11974 (10 mg/kg) or DuP753 (12.5 mg/kg) at day 14 was significantly lower than that in the control group (42% +/- 7%, 43% +/- 14%, and 123% +/- 11%, respectively). Additional application of L-arginine seemed to increase effectiveness, but was not statistically significant. In conclusion, single topical application of AT1 receptor antagonists was effective in suppressing early medial proliferation and neointima formation after balloon injury, suggesting that they may be clinically useful after angioplasty or vascular surgery.

PMID: 7889199 [PubMed - indexed for MEDLINE]

1: Int Arch Allergy Immunol 2002 Sep;129(1):86-92 Related Articles, Links

Effect of intranasal administration of CV-11974, a type 1 angiotensin II receptor antagonist, on airway hyperresponsiveness and airway inflammation induced by antigen inhalation in guinea pigs.

Myou S, Fujimura M, Kita T, Watanabe K, Hirose T, Tachibana H, Ishiura Y, Nakao S.

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BACKGROUND: Angiotensin II is a putative mediator in asthma, but the effect of topical administration of type 1 angiotensin II (AT1) receptor antagonists on allergic airway reactions is not known. OBJECTIVE: To investigate the effect of intranasal administration of CV-11974, an AT1 receptor antagonist, and of PD123319, a type 2 angiotensin II (AT2) receptor antagonist, on antigen-induced airway reactions in guinea pigs. METHODS: Thirty minutes after intranasal topical administration of CV-11974 (0.1 or 1.0 mg/ml) or PD123319 (10 mg/ml) into the airways, the animals were given an antigen challenge. Airway hyperresponsiveness and bronchoalveolar lavage fluid were analyzed 24 h after the antigen challenge. RESULTS: Although these compounds did not inhibit antigen-induced early-phase bronchoconstriction or late-phase airway eosinophilia, intranasal administration of CV-11974 (but not PD123319) inhibited antigen-induced airway hyperresponsiveness in a dose-dependent manner 24 h after the antigen challenge. CONCLUSION: Intranasal administration of an AT1 receptor antagonist reduces antigen-induced airway hyperresponsiveness.

PMID: 12373002 [PubMed - indexed for MEDLINE]